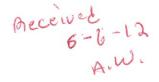
Notice of Intent (NOI) To Operate Under NPDES General Permit # IDG-132001 for FISH PROCESSING FACILITIES in Idaho

Submission of this document constitues notice that the party identified under Operator Name intends to be coverd by the general permit authorizing discharges from fish procesing facilities in Idaho and obligates the operator (permitee) to comply with the terms and conditions of permit.

Operator's	Name (Permittee):	Phone:			
Idaho Trou	it Company		208-543-6444		
Address:	P.O. Box 72	Fax:	208-543-8476		
	Buhl, Idaho 83316				
Owner's N	ame:	Phone:			
American Falls - Aberdeen Ground Water District			208-232-6101		
Bingham G	Ground Water District				
Magic Vall	ey Ground Water District				
North Snal	ke Ground Water District		208-232-6101		
Address:	Racine, Olson, Nye, Budge & Bailey, Ch	Fax:	208-232-6109		
	c/o Randall C. Budge	E-mail Address:			
	P.O. Box 1391		rcb@racinelaw.net		
	Pocatello, Idaho 83201				
Facility Inf	ormation				
Facility Na	ime:	Phone:			
	Idaho Trout Company		208-543-6444		
	Buhl Processing Center	Fax:	208-232-6109		
	1581 Clear Lakes Grade	E-Mail	rainbowtrout@idahotrout.com		
	Buhl, Idaho 83316	County:	Twin Falls		
Facility M	anager (or Contact) and Address:	Phone:			
	Dirk Bogaard		208-543-6444		
	P.O. Box 72	Fax:	208-543-8476		
	Buhl, Idaho 83316	E-Mail	rainbowtrout@idahotrout.com		
Facility La	titude (New Permittees Only)	Facility Longitude (New Permittees Only)			
(to the closest 15 Seconds):			(to the closest 15 Seconds):		
NPDES Permit No.		Other Permit Number(s) Assigned to Facility 8			
	IDG-132001	IDG- 130011			



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								,				
•			tion Info	ormatic	on					. 6 11		•
Total Number of outfall 1 Number of laboratory outfalls: 0								U				
Number of other outfalls (explain) 0												
Number of fish processing lines: 5												
Project the number of operating days for the facility on a monthly basis throughout the calendar year:												
Month	01	02	03	04	05	06	07	08	09	10	11	12
# of												
Days 22 20 22 21 23 21 22 23 20 23 22 2								21				
Amoun	t of Fish	Process	ed		-							
List of spec	ies of fish pr	ocessed at y	our facility.	For each s	pecies, includ	e projected	weight in po	unds proce	ssed for the	five year		
					ned changes,							
	•	·										
Species: Year One		ne	Year Two		Year Three		Year Four		Year Five			
	Rainbo	w Trout	3,000,000		3,000,000		3,000,000		3,000,000		3,000,000	
Disinfe	ctants a	nd Othe	r Chemi	cals								
List all pro	ojected che	micals & m	naximum da	aily amou	nts expecte	d to be use	ed in next 5	years (use	e an attachi	ment, if ne	cessary).	
							•					<u>Units</u>
Name: Aluma Safe Degreaser Maximum daily amount to be used 1,000 ml												
Method of application: Spray			Maximum amount in effluent Not measureable						ole			
Name: DSQ-10 Sanitizer				Maximum daily amount to be used 60 ml								
Method of application: Spray			Maximum amount in effluent Not measureable						ole			
Name:				Maximum daily amount to be used								
Method of application:				Maximum amount in effluent								
Name:				Maximum daily amount to be used								
Method of application: Maximum amount in effluent												
	otion of											
Provide	e a drawin	g of your	operation	on the l	oack of this	sheet, o	r attach a s	separate	sheet.			
			toring loc			c			.t 1-1	-+: la	-11	
		aste strea	ım dischai	ges (e.g	. tailraces c	of holding	ponds, se	ttling bas	ins, labora	atories, le	aks)	
Attach n		an area m	ap based	upon a r	nap of the	US Geolo	gic Survey	(USGS) v	vith a scale	e of at lea	st 1:24,00	0.
					ude water i			`				
Name(s	s) of Rece	iving Wa	iter to wi	nich Fac	ility Disch	arges:		Clear L	ake			
	-											
Name (of Large	r Steam,	/River D	ownstr	eam:	Snake	River					
	0	•				,						

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Water Sources & Flow through the Facility & Time Period

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow (e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from "True Springs")

Primary Source:	Min. Flow:	Max Flow:	Period:		
Spring	0.00232	0.02254	365 Days per Year		
Secondary Source:	Min. Flow:	Max Flow:	Period:		

Signature & Certification by authorized representative for Permittee (see Section VII.E of there Permit):

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature:	Title/Company:	9
Compatay to my	President	State Trout Co.
Print Name:	Date:	Check One:
Anita Kny Hardy	5-3/-/2	Owner Operator